



# Clark County Department of Building & Fire Prevention

4701 West Russell Road, Las Vegas, NV 89118 ~ (702) 455-3000 ~ Fax (702) 221-0630  
Jerome A Stueve, P.E., Director ~ Samuel D. Palmer P.E., Assistant Director ~ Girard W. Page, Fire Marshal

## Building Permit Application

Residential  Commercial

ASSESSOR PARCEL # \_\_\_\_\_  
PROJECT NAME: \_\_\_\_\_  
PROPERTY ADDRESS: \_\_\_\_\_ LOT/STE/UNIT #: \_\_\_\_\_  
PROPERTY OWNER NAME: \_\_\_\_\_ PROPERTY OWNER EMAIL: \_\_\_\_\_  
TENANT NAME: \_\_\_\_\_ NEW TENANT  TENANT EMAIL: \_\_\_\_\_

APPLICATION NO: \_\_\_\_\_

### DESCRIPTION OF WORK

PLANS INCLUDE:  ARCH  STRUC  ELEC  MECH  PLUM  NO PLANS

THIS PROPERTY IS BEING SERVICED BY:  SEPTIC  SEWER FIP#: \_\_\_\_\_ NOV#: \_\_\_\_\_ NO. UNITS: \_\_\_\_\_ NO. STORIES: \_\_\_\_\_  
TYPE OF CONSTRUCTION: \_\_\_\_\_ OCCUPANCY: \_\_\_\_\_ SQ FT: \_\_\_\_\_ SPRINKLER SYSTEM: \_\_\_\_\_ QAA REQ'D: \_\_\_\_\_

### OWNER/BUILDER DECLARATION

I hereby certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.

\_\_\_\_\_  
OWNER/BUILDER SIGNATURE

\_\_\_\_\_  
DATE

### OFFICIAL USE ONLY

COMMENTS:

STANDARD PLAN #: \_\_\_\_\_

### CITIZEN ACCESS CONTACT INFORMATION

NAME: \_\_\_\_\_ CONTACT ID: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
PHONE NO: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
APPLICATE SIGNATURE

\_\_\_\_\_  
DATE

### FEES

**VALUATION:** \$ \_\_\_\_\_  
PERMIT: \$ \_\_\_\_\_  
PLAN REVIEW FEE PAID: \$ \_\_\_\_\_  
BAL. DUE/CREDIT OF PLAN REVIEW: \$ \_\_\_\_\_  
ZONING PLAN REVIEW: \$ \_\_\_\_\_  
ELECTRICAL PERMIT: \$ \_\_\_\_\_  
ELECTRICAL PLAN REVIEW: \$ \_\_\_\_\_  
MECHANICAL PERMIT: \$ \_\_\_\_\_  
MECHANICAL PLAN REVIEW: \$ \_\_\_\_\_  
PLUMBING PERMIT: \$ \_\_\_\_\_  
PLUMBING PLAN REVIEW: \$ \_\_\_\_\_  
STORM SEWER: \$ \_\_\_\_\_  
PARK: \$ \_\_\_\_\_  
TRANSPORTATION: \$ \_\_\_\_\_  
PFNA: \$ \_\_\_\_\_  
MSHCP: \$ \_\_\_\_\_  
MITIGATION REPORT: \$ \_\_\_\_\_  
TRAFFIC MITIGATION: \$ \_\_\_\_\_  
NOV: \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
**BALANCE DUE:** \$ \_\_\_\_\_

### CONTRACTOR'S DECLARATION

I hereby certify that I am licensed under the provisions of N.R.S. 624.

ST LIC NO: \_\_\_\_\_ CLASS: \_\_\_\_\_  
MULTI-JUR BUSINESS LIC NO: \_\_\_\_\_  
COMPANY/DBA NAME: \_\_\_\_\_  
PHONE NO: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
CONTRACTOR SIGNATURE

\_\_\_\_\_  
DATE

### APPROVALS

ZONING REVIEW BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BLDG PLAN REVIEW BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CASH  CC  CHECK NO \_\_\_\_\_

ISSUED BY: \_\_\_\_\_ DATE: \_\_\_\_\_